

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43112

Do not use this space.

1. PLACE OF DEATH

(a) County.....

Registration District No. 791

(b) Township..... St. Louis

Primary Registration District No. 1003

(c) City.....

(d) Street No. City Hospital No. 1

Registered No. 11362

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

C. 10466

Emma Ahrens

2. PRINT FULL NAME

3108 Wyoming

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St. 16

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female, white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Hilary Ahrens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

October 30, 1902

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

35

1

8

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

hwk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis, Missouri

FATHER

13. NAME Otto Mayer

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Mathilda ?

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE Old S. S. Peter & Paul Church DATE Dec. 11, 1937

19. FUNERAL DIRECTOR
(ADDRESS)C. HOFFMEISTER UNDERTAKING & LIVERY CO.
7814 So. B'way St. Louis, Mo

20. Local Registrar.

J. T. Predeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

12/8/37

22. I HEREBY CERTIFY That I attended deceased from

10/17/37 to 12/8/37

I last saw her alive on 12/8/37

Death is said to have occurred on the date stated above, at 6.15 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Cerebral hemorrhage
(non-traumatic)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Charles M. Jessico, M. D.

(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Geo. W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus Hoffmeister

L. E. *3871

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Geo. W. Hoffmeister
Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)